



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 2, 2011

Ms. Tammy Cota, Administrator
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641

Provider #: 0365

Dear Ms. Cota:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **October 12, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



NOV 17 2011

PRINTED: 10/31/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/12/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R100}	Initial Comments: An unannounced follow up survey to assess compliance with Vermont Residential Care Home Licensing Regulations was conducted by the Division of Licensing and Protection from 10/11/11 to 10/12/11. The following regulatory violations were identified.	{R100}			
{R136} SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to have a current assessment completed for 2 of 6 residents sampled (Residents #4, #5). Findings include: 1. Per record review on 10/12/11, Resident #4 was admitted to the home on 5/31/11. There was no resident assessment in the resident's chart. Per interview on 10/12/11 at 10:15 AM, the manager of the home confirmed that the assessment for this resident was not completed. 2. Per record review on 10/12/11, Resident #5 was admitted on 8/18/08, and the last assessment available in the chart was dated 8/21/09. Per interview on 10/12/11 at 10:15 AM, the manager of the home confirmed that the annual reassessments due in August of 2010 and 2011 were not completed.	{R136}	begin review 2-3 residents monthly for assessment and care plans See attachments for full POC (Plan of Correction)		

Division of Licensing and Protection

Tammy Cota

TITLE Manager
11-10-11

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

6899

EYN012

If continuation sheet 1 of 7

STATE FORM

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

0365

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

R-C

10/12/2011

NAME OF PROVIDER OR SUPPLIER

COTA'S HOSPITALITY HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1079 SOUTH BARRE ROAD
BARRE, VT 05641

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

{R161}
SS=E

V. RESIDENT CARE AND HOME SERVICES

{R161}

5.10 Medication Management

5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to ensure that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures for 5 of 6 residents sampled (Residents #1, #2, #3, #4, and #6) Findings include:

1. Per record review on 10/11/11, Resident #6 was admitted to the home on 9/28/11. The resident's Medication Administration Record (MAR) being used to document medications administered was a sheet sent from the former home of the resident, and the staff had made extra boxes on the September sheet to accommodate the October dates of 10/1-10/5/11. The medications were signed off as given on 9/31, with September only having 30 days, and then signed off from 10/1-10/3. The spaces created on the September MAR sheet were left blank on 10/4 - 10/5, and then not signed off at all for 10/6-10/11/11. Also per review, the staff had made a second entry for Simvastatin and Seroquel below the original September entries, and had signed off those two medications for the 6th through the 10th of October, without indicating on the September MAR sheet that these were for October dates. Per interview on

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NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641
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{R161}	<p>Continued From page 2</p> <p>10/12/11, the manager of the home confirmed that pharmacy sent new MAR sheets that start on the 13th of the month, and they were using these other sheets until the new ones were ready for use. It was also confirmed at this time that there were blank spots lacking initials that the medications were administered from 10/1-10/5, that the second entry lines containing Seroquel and Simvastatin on the September MAR were not labeled to be for the month of October, and that this did not meet the home's policies for proper documentation of medications administered to residents.</p> <p>2. Per record review on 10/11/11 for Resident # 1 the MAR had the following medication listed for Resident # 1: Give "Tylenol 500 mg 2 tabs PO TID." (2 tablets by mouth three times a day on a regularly scheduled basis). Per review of the physician's orders (dated 7/14/11) stated to 'continue the Tylenol (as previously ordered) for pain relief. This order read: 'Tylenol 500 mg 2 tabs PO TID PRN (take 3 times per day as necessary). The resident had been receiving the physician prescribed dosage (by mouth, three times a day as necessary) although the MAR incorrectly listed the medication to be given three times a day on a regularly scheduled dosage). This was confirmed by the manager of the home on 10/11/11 at 2:30 P.M.</p> <p>3. Per record review on 10/11/11 for Resident # 2 the MAR included a 'Record of Narcotics and Controlled Drug Sheet' that was incomplete for two dates (9/10/11 & 9/11/11). Per review of the drug sheet, a sleep inducing medication was given to Resident # 2 on those dates, however the caregiver failed to document the hour the drug was given, the dosage, the amount used, the name of the person who administered the</p>	{R161}	<p>→ Tylenol order to be changed to scheduled instead of prn.</p>	

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{R161}	Continued From page 3 drug and the 'count' of the drug that was remaining. On 10/11/11, the manager of the home confirmed the record was incomplete and because s/he was the caregiver who had administered these doses, signed the Record of Narcotics and Controlled Drug Sheet for the dates 9/10 & 9/11/11. 4. Per record review on 10/11/11 for Resident # 3, the MAR was incomplete for the dates 10/10 & 10/11/11 when the caregiver who administered the medications (at 8 AM) failed to 'sign off' that s/he had administered the medications. These medications included drugs for pain relief, an antidepressant, anti-anxiety and cardiac medications. This was confirmed by the manager of the home on 10/11/11 at 1:45 P.M. In addition, per review of the 'Record of Narcotics and Controlled Drugs' sheet, for an anti-anxiety medication prescribed for Resident # 3, there was no documentation that the drug had been administered by the caregiver on the date 10/10/11. The manager of the home confirmed on 10/11/11 at 1:45 P.M. that the drug had been administered on 10/10/11 (which this surveyor confirmed by a narcotic count) however there was a failure by the caregiver to document that the medication had been given. 5. Per record review on 10/11/11, Resident #4 had an appointment with their physician on 9/1/11, and the MD ordered "start Aspirin 81 mg daily", written on the communication sheet that accompanies a resident to their appointment. Per review of the MAR and the bubble packed Aspirin, the resident was not started on this medication until 10/6/11. There was no sign-off sheet to indicate that it had been administered and by whom. Per interview on 10/11/11 at 2:30	{R161}		

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{R161}	Continued From page 4 PM, the manager of the home confirmed that the medication was not started until over a month after the physician ordered it, that there was no place to sign it off in the MAR, and that staff had given him the Aspirin but not documented the administration of the medication from 10/6-10/11/11. 6. Per record review on 10/11/11, the MAR for Resident #4 had missing signatures for medication administration on July 18-20, 2011 for the 8AM scheduled medications. Also on 7/20/11, the 2PM medications were not signed off as given. Per interview on 10/11/11 at 1:40 PM, the manager of the home confirmed that the medications had been administered to the resident, however staff had not signed the MAR after administering them.	{R161}		
R163 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to have the registered nurse conduct an initial assessment before unlicensed staff administered medications for 1 of 6 residents sampled (Resident #4). Findings include:	R163		

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R163	Continued From page 5 Based on record review and staff interview, Resident #4 was admitted to the home on 5/31/11 and is receiving medication administration daily by unlicensed staff. There was no initial assessment available in the resident's record. Per interview on 10/12/11, the manager of the home confirmed that Resident #4 was receiving daily administration of medications from unlicensed staff, and an initial assessment was not conducted by the nurse for this resident.	R163			
{R266} SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide a safe and homelike environment. Findings include: 1. Per observation on 10/11/11, the bathroom in the living room area contained an uncovered electric crock pot filled with red liquid that was sitting on the edge of the sink and plugged in above the wash basin. Per interview on 10/11/11 at 9:50 AM, the manager of the home stated that residents use this bathroom, and that the pot contained a liquid potpourri that when turned on would heat up and emit a scent. The manager also confirmed that this liquid does become hot, and agreed it could be a safety hazard if someone were to drink the liquid or spill the heated product on themselves.	{R266}			

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{R266}	Continued From page 6 2. Per observation during the initial tour at 9:15 AM on 10/11/11, the radiator in the dining room (cited in the 2/9/11 certification survey as a safety hazard) failed to have a heat resistant cover although per the POC (Plan of Correction) signed/dated on 3/31/11 by the manager of the home stated that the 'heat resistant covering is being installed over the dining room radiator.' Immediately after the initial tour of the care home s/he confirmed that no heat resistant cover had been applied to the radiator and that it was a 'work in progress'.	{R266}			

Cota's Hospitality Home, Inc.

1079 So. Barre Rd., Barre, VT 05641

802.479.3118

Tamcota@gmail.com

R136 5.7 We have revised the system. Residents care plan and assessments are current. We have a written schedule to follow monthly or as needed. RN will oversee policy and procedure.

See addendum.

R161 5.10 1) All Residents will have a temporary Mar until one from pharmacy comes. Manger will oversee RN will verify Mar.

See addendum.

2) Resident requesting Tylenol 3x a day regally current order was 3x a day as needed PRN. Request MD to change Tylenol to schedule has been done. RN will oversee all meds.

3) RN had mandatory staff in-service for med delegation. RN had in-service with all staff about signing off meds. Narcotics and controlled drugs will be signed off. RN and manager will oversee sign offs.

4) RN had mandatory staff in-service for med delegation. RN had in-service with all staff about signing off meds. Narcotics and controlled drugs will be signed off. RN and manager will oversee sign offs.

5) New orders will be called to RN and fax to pharmacy when received. RN and manager will oversee.

R163 Repeat R136 5.7 R161 #3 *See addendum*

226 All crockpots and hot liquid will not be out in resident's areas to ensure nobody gets burned. Manager will oversee this. *See addendum*

Heater in dining room is covered and looks great. We will be working on covering more heaters.

Cota's Hospitality Home POC Addendum for 10/12/11 survey

Per telephone conversation on 11/22/11 at 2:45 PM with Tammy Cota Home manager, this is the agreed upon amendment to the plan of correction:

R136

All resident records have been reviewed by the nurse to assure assessments and care plans are current. A written schedule has been formulated to alert the nurse and home manager of upcoming due dates for assessments and care plans. The nurse will review all the due dates for compliance monthly. Date of correction: 11/22/11

R136 POC accepted 11/22/11 K. Campos RN / PMcotaRN

R161

A temporary Medication Administration Record (MAR) form has been developed for use with newly admitted residents until the MAR arrives from the pharmacy. The nurse will review MD orders and clarify with the doctor any unclear orders or discrepancies, and develop the temporary MAR. The nurse is responsible for monitoring, and will audit monthly and as needed for compliance.

The resident with the PRN Tylenol order has been changed to a scheduled dosage. The nurse has reviewed all resident's medication orders to assure they are consistent with the MAR. The nurse will audit the MAR weekly for one month and monthly thereafter to assure accuracy, and is responsible for monitoring.

The nurse has reviewed the Controlled Medications log for accuracy in counting and documenting administration of all controlled medications. The nurse has reviewed the entire MAR for all residents to review accurate documentation of administration by staff.

A mandatory inservice was held for all unlicensed staff who administer medications. Topics covered during this inservice were proper documentation of medications administered, accurate counting and documentation of narcotics and other controlled medications, and proper documentation of PRN (as needed) medications that includes time given, reason given, and effectiveness of each medication administered. The nurse will audit the MAR weekly for one month and monthly thereafter..

All resident's orders have been reviewed to assure they were implemented. Upon return from a doctor appointment, the notes from the MD will be reviewed for any new orders or treatment changes by the home manager. The nurse will be contacted to relay the information, and a copy of the signed MD order will be faxed to the pharmacy. All telephone orders will also be forwarded to the nurse and the pharmacy contacted. The nurse will check weekly for new or changed orders and follow up as needed. The nurse and home manager are responsible for assuring compliance. Date of correction 11/22/11

R161 POC accepted 11/22/11 K. Campos RN / PMcotaRN

R163

All new admissions will be assessed by the nurse before unlicensed staff administer medications to them. The home manager and the nurse will review admission papers to assure that all doctor orders are complete and all pertinent information is included, as well as an assessment done before unlicensed staff are delegated to administer medications to the new resident. The nurse will audit all newly admitted residents' records to assure that required information and signed MD orders are in place before delegating, and the RN is responsible for monitoring. Date of correction: 11/22/11

R163 POC accepted 11/22/11 K. Campos RN / P. Mata RN

R266

The home manager has removed the crock pot from the bathroom. The manager has covered the radiator. The manager will tour the home weekly to identify potential accident hazards, and be responsible for assuring compliance with keeping a safe environment. Date of correction 11/22/11

R266 POC accepted 11/22/11 K. Campos RN / P. Mata RN